



# Military Health System Health Care Reengineering



## Administrative Fact Sheet Feb. 1998

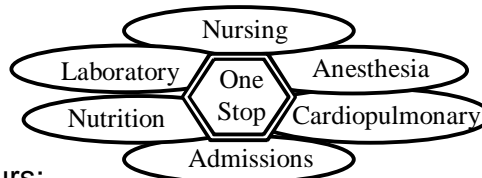
### Central Admissions Center



Recognized at  
1997's Summer  
TRICARE  
Conference!

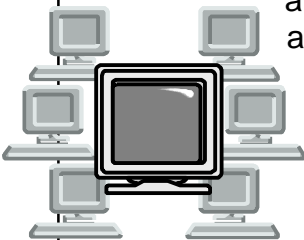
**The Initiative:** The Central Admissions Center at Moncrief Army Community Hospital, Fort Jackson, S.C., is a "one-stop" pre-admissions center for surgical and non-surgical admissions from all specialty clinics. Patients no longer have to travel throughout the hospital for blood work, EKGs, nursing assessments, and other requirements.

**The Results:** The Central Admissions Center: reduced pre-admission time from eight hours to two hours or less; improved return of laboratory results within 24-72 hours; improved operating room utilization by significantly decreasing the number of surgical cancellations; improved risk management of surgical patients; improved cost efficiency of patient care; and improve patient and staff satisfaction.



### Automating Inprocessing Systems

**The Initiative:** Over the past seven years, the In/Out Processing Installation Process Action Team at the U.S. Army Infantry School and Medical Center, Fort Benning, Ga., tested and implemented an automated inprocessing system. It provides appointments, uses automated forms, downloads data from Standard Installation Division Personnel (SIDPERS) to other Army headquarters systems, and links all 20 inprocessing workcenters to a data network.



**The Results:** This initiative decreased inprocessing time from 3-4 days to 2-2.5 days, as well as reduced redundancy among the workcenters. Since workflow is controlled through appointments, civilian staffing was reduced by 20 percent, which saves \$120,000 annually. **The initiative was honored with a President's Quality Award in July 1997!**

### TRICARE Regional Appointment Center



#### **The Initiative:**

Prior to the TRICARE Regional Appointment Center (TRAC), each specialty clinic in each military medical treatment facility (MTF) in Region 11 (covering the states of Washington and Oregon) called other MTFs in search of available appointments. With the TRAC, multiple appointments can be booked with one call to a centralized appointment service.

#### **The Results:**

TRAC decreased the length of time it takes to book an appointment, and the appointments are only 14 days away instead of 34 days—greatly improving patients' access to specialty care. In addition, primary care managers and specialty care providers report they are experiencing better communication.



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## Ideas From The Field!



### Medical Credit Card

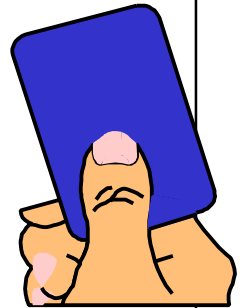
**The Recommendation:** The staff at Weed Army Community Hospital, Fort Irwin, Calif., suggests that TRICARE Prime beneficiaries could be issued a medical credit card to use when accessing medical care. Instead of inputting the price, the medical clerk would input a general AP/CPT/DRL code. Based on the code, the message either authorizes care or prompts the clerk to contact the primary care manager for authorization.

**The Results:** Among the benefits of this proposal could be: immediate payment for network providers; an accurate record of network visits, appointments, and tests; and identification of high use patients.

## Active Duty Blue Card

**The Initiative:** All active duty Naval and Marine personnel at Naval Air Station Whidbey Island, Wash., received the Active Duty Blue Card. It outlines how members obtain medical and dental care when away from their duty station. It also informs civilian providers how to obtain authorization for care and how to process payment claims.

**The Results:** Active duty members are less likely to pay for care out of pocket because they know when the military will pay for civilian care and when it will not. The civilian providers receive their payments faster because care is pre-approved, and they know how to file claims properly.



## What Is MHS Reengineering?

The Military Health System (MHS) defines reengineering as, "A spectrum of activities from incremental or continuous improvement to radical transformation that critically rethinks and redesigns products and service processes to achieve mission performance gains."

### Why Reengineer?

- Improve quality of care
- Streamline patient care delivery processes
- Increase satisfaction of patients and staff
- Decrease health care delivery costs
- Provide consistency of benefits
- Improve the completeness and accuracy of information

### Submission of Initiatives

Submissions from the field are critical to the success of the MHS, and everyone is encouraged to participate. Initiatives can be submitted via the World Wide Web, fax, e-mail, and regular mail.

### Health Care Reengineering Office Resources

- Best practice information
- Reengineering learning tools
- Displays for conferences & seminars
- World Wide Web site
- Monthly newsletter
- Briefings on reengineering practices & activities

### Contact the HCR Staff

E-mail: [mhshcr@tma.osd.mil](mailto:mhshcr@tma.osd.mil)  
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